

# Children's Integrated Services Teams and Head Start/Early Head Start Programs Collaborative Practices Brief

As Children's Integrated Services (CIS) regional teams establish themselves and begin to implement the practices outlined in the Technical Assistance Guidance (TAG) document, it is important to be aware of the services and responsibilities of Head Start and Early Head Start (HS/EHS) programs. Many of the families in your communities will be involved with both CIS and HS/EHS. This brief highlights the areas below, but is not inclusive of all HS/EHS Program Performance Standards nor TAG elements

- Federal and state resources that provide guidance or regulations to HS/EHS and CIS
- Practices and responsibilities you have in common
- Potential areas for collaboration and integration

## I. Federal and State Resources

- A. HS/EHS programs are governed by the federal Head Start Act, and Head Start Program Performance Standards. Performance standards explicitly state responsibilities of grantee agencies with regard to children, families, staff, and communities. Head Start Performance Standards are available on the web at <http://eclkc.ohs.acf.hhs.gov/hslc> Look to the left navigation bar and click on *Head Start Program Performance Standards and other Regulations*.

Relevant sections of the **Head Start Performance Standards** are

- 1304.40 Family partnerships
- 1304.41 Community partnerships
- 1304.20 Child health and developmental services
- 1308.6 Assessment of children

- B. Children's Integrated Services regional teams are developing their practices based on the TAG document, created by the CIS State Team using input and expertise from regional teams. The TAG was distributed to each regional team via their technical assistance liaisons in fall 2007. The TAG is available on the web at <http://www.dcf.state.vt.us/cdd/programs/prevention/index.html> and click on *Children's Integrated Services Technical Assistance Guidance (version 1.5)*.

Relevant sections of the **TAG** are CIS elements

- Outreach
- Initial Identification and Referral
- Multidisciplinary Assessment
- Individualized Child and Family Outcomes Planning (One Plan)
- Service Delivery

## II. Common responsibilities and practices

CIS—Outreach	HS/EHS—Accessing Community Services
To assure referral sources know the target population, benefits of CIS, how to make referrals so that children, pregnant women, and families get the services they need at the earliest possible time, assuring early referrals, and what role they have with families they refer.	Provide services or referrals to children, parents and pregnant women for education, health, mental health, early intervention, basic needs, social services.

<b>CIS—Initial Identification and Referral</b>	<b>HS/EHS—Screening for developmental, sensory, and behavioral concerns</b>
Children whose families are participating in CIS are screened and assessed within 6 weeks or within a reasonable amount of time. Families understand the referral process and their rights.	Within 45 days, the program must conduct or obtain screening in behavioral, developmental, sensory, motor, cognitive, perceptual, social, and emotional development.

<b>CIS—Multidisciplinary Assessment</b>	<b>HS/EHS—Assessment of Children</b>
The CIS team provides multi-disciplinary, comprehensive, initial and ongoing assessment of pregnant/postpartum women, children and families, and takes the results into account prior to planning outcomes and services. At least two “sets of eyes” review the initial and ongoing assessment information and are available as resources for pregnant women, children, and families.	Children are screened at the beginning of their time in HS/EHS. They also undergo ongoing developmental assessment throughout the year to determine progress and plan individualized curriculum. Children who need further evaluative or specialized assessment must receive it directly or by referral to an appropriate community resource. The evaluation must be made by a multidisciplinary team or group of persons including at least one teacher or specialist with knowledge in the area of suspected disability.

<b>CIS-- Individualized Child and Family Outcomes Planning (One Plan)</b>	<b>HS/EHS—Family Partnerships: Family Goal Setting</b>
One plan, based on family needs and multidisciplinary assessment, with input from CIS team and family’s other service providers, identifies outcomes meaningful to the family, and strategies to achieve the outcomes.	Agencies offer parents opportunities to identify meaningful goals through individual family partnership agreements. To avoid duplication the family partnership agreement takes into account and builds upon information from the family and other community services concerning pre-existing plans.

<b>CIS—Service Delivery</b>	<b>HS/EHS Program Options and Comprehensive Services</b>
Services provided depend upon what families and pregnant women are seeking and the age, strengths and current functioning of the child. Service delivery occurs in the natural environments of the participants’ homes or community-based programs or settings. A regional CIS team acts as a consultation team, with a primary service provider identified to best meet the needs and strengths of the child/family. The team provides consultation to the primary service provider, and when necessary specialists may provide some direct services as well.	All HS/EHS grantees must provide comprehensive services: health, nutrition, mental health, education, child development, family services, employment/training, literacy, substance abuse, etc. They must provide classroom or group socialization for children, and home visits to families. Three program options exist: center-based; home-based; or a combination of both. The program option chosen must meet the needs of the children and families based upon a community needs assessment conducted by the grantee.

### **III. Potential areas for collaboration and integration**

#### ***Outreach and referral***

- CIS teams and HS/EHS programs conduct outreach to each other as they are mutual primary referral sources.
- HS/EHS programs refer children and families to CIS teams when developmental, health and mental health concerns exist.
- CIS teams may also refer families to HS/EHS for comprehensive child and family services.
- Obtain family consent to communicate between CIS and HS/EHS

#### ***Initial Identification and Referral, and Developmental Screening***

- When a CIS team gets to know a family's needs, and identifies that the family is involved with HS/EHS, find out what screenings have already been done.
- With permission from the family, screenings should be shared to avoid unnecessary screening of children
- Screening results that indicate further assessment or evaluation, or screening for a different concern, should be planned together so that transportation, financial, or other potential barriers are removed.

#### ***Individualized Child and Family Planning (One Plan, One Team), and Family Partnerships and Goal Setting***

- If the family already has a family partnership agreement through HS/EHS, build on the goals identified by the family and services needed to achieve those goals when developing the One Plan. It is understood that depending on child and family needs, the One Plan may include significantly more information than the family partnership agreement.
- If the family already has One Plan, use that to develop the family partnership agreement, and build on it if other resources are identified to meet child and family needs.
- Review the plan together with the family at regular intervals. Recognize and celebrate achievements together.
- The CIS family's One Team expands to include a HS/EHS staff person with primary contact with the family. That staff person is then considered part of the family's One Team. Consultation to the primary service provider(s) could come from CIS, or from the HS/EHS program. Consultation could come from mental health, nutrition, health, child development, family literacy, father involvement, early education, and any other area of expertise or service originating from CIS or HS/EHS.
- CIS Regional teams would benefit from the participation of a management level HS/EHS representative.

#### ***Multi-disciplinary Assessment of Children***

- With permission from the family, share assessment results
- Conduct multi-disciplinary assessments together when possible
- Confer when comprehensive evaluation is needed from outside the CIS or HS/EHS resources

#### ***Service Delivery***

- Services delivered in natural environments could include the home, community child care center, or HS/EHS center.
- A primary service provider could be a HS/EHS employee receiving consultation from the CIS team.

*Notes: The Head Start model of home visiting is in many ways a primary service provider model, with the home visitor having primary contact and relationship with the family while receiving support or consultation from content area managers who have specialized expertise. Professional development/staff development, and community needs assessments are other areas for collaboration and integration among CIS, HS/EHS, and Building Bright Futures Regional Councils.*